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((H97000012789 S))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: R.W. BUSINESS CORP.

AUDIT NUMBER.....H97000012789

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 6

CERT. COPIES.....1

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EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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TALLAHASSEE, FLORIDA

nc 8/5/97

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**ARTICLES OF INCORPORATION
R.W. BUSINESS CORP.**

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ARTICLE I

STATE OF FLORIDA

The name of this corporation shall be:
R.W. BUSINESS CORP.

With the principal place of business located at:
**6520 METROWEST BLVD 721
ORLANDO FL 32835**

**ARTICLE II
GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE III
CAPITAL STOCK**

This Corporation is authorized to issue 1,000 shares of Common Stock, par value \$1.00 (one U.S. dollar) per share.)

**ARTICLE IV
PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE V
INITIAL REGISTERED OFFICE**

The street address of the registered office of this Corporation is:
**6520 METROWEST BLVD 721
ORLANDO FL 32835**

The Name of the initial REGISTERED AGENT of this Corporation is:
WLADIMIR CAVALHEIRO MARTINS

PREPARED BY: THE LAW OFFICES OF ALAN SOLLWECK
ALAN SOLLWECK # 224278
141 N.E. 3RD AVE 5TH FLOOR, MIAMI, FL 33132 (305) 371-6211

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ARTICLE VI
INITIAL BOARD OF DIRECTORS

This Corporation shall have 1 Director(s) initially, the number of Directors may be either increased or diminished from time to time the bylaws, but shall never be less than one (1). The initial Director(s) of this Corporation is/are:

President - WLADIMIR CAVALHEIRO MARTINS

ARTICLE VII
INCORPORATOR

The name and address of the person signing this article is:
WLADIMIR CAVALHEIRO MARTINS
6520 METROWEST BLVD 721
ORLANDO FL 32835

ARTICLE VIII
INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

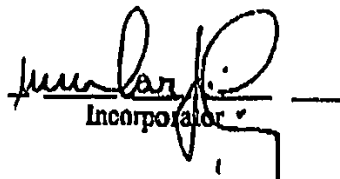
ARTICLE IX
MANAGEMENT OF CORPORATION SHAREHOLDERS

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Director of, shareholders of this Corporation.

ARTICLE X
BY LAWS

The power to adopt, after, amend or repeal by-laws shall be vested in the BOARD OF DIRECTORS and the SHAREHOLDER.

IN WITNESS WHEREOF, The undersigned incorporator has executed these Article of Incorporation this 04 DAY OF AUGUST OF 1997


Incorporator

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CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

THAT R.W. BUSINESS CORP
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA,
WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE, STATE
OF FLORIDA HAS APPOINTED:

WLADIMIR CAVALHEIRO MARTINS

AS ITS AGENT ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

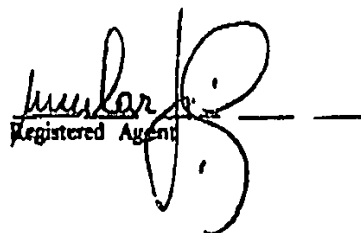
HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

R.W.BUSINESS CORP.

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO
ACT IN THE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION,
AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE
FLORIDA STATUTES.

THIS 04 DAY OF AUGUST

, 1997


Registered Agent

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TALLAHASSEE, FLA

H 97000012789

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGMENTS IN STATE AND COUNTY SET FORTH ABOVE,
PERSONALLY APPEARED.

R.W. BUSINESS CORP.

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT
HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED
MY OFFICIAL SEAL,

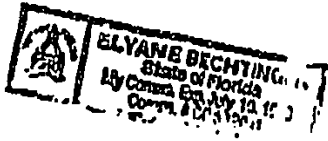
IN THE STATE AND COUNTY AFORESAID

THIS 04 DAY OF AUGUST, 1997



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires.



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SPECIFIC POWER OF ATTORNEY

BE IT KNOWN, THAT I, **R.W. BUSINESS CORP.** **THE**
UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY TO
THE LAW OFFICES OF ALAN S. GLUECK, OF MIAMI, FL
- AS MY ATTORNEY-IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE
AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF:
MANAGE THE PROCEDURES IN ORDER TO OBTAIN FEIN #, ANY KIND OF BUSINESS
LICENSES, INQUIRY ABOUT LIABILITIES WITH THE IRS, FLORIDA DEPARTMENTS,
CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL
INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND
PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND
PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY
ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION. THIS POWER OF ATTORNEY
MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED
UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY
SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF MY
ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS

04 DAY OF AUGUST, 1997

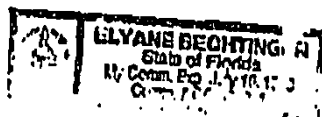
STATE OF FLORIDA
COUNTY OF DADE

On / / before me, **ELYANE BECHTINGER** personally appeared:

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature _____
Notary Public



Affiant Known ☒ Produced ID
Type of ID _____

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TRANSMITTAL LETTER

P97000067682

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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*****70.00 *****70.00

700002255787--3
-08/04/97--01016--007
*****70.00 *****70.00

SUBJECT: TARA ROTI SHOP INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: TARA ROTI SHOP INC
Name (printed or typed)
8916 N. NEBRASKA AVE
Address
TAMPA, FL-33604
City, State & Zip
(813) 930-8272
Daytime Telephone number

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
97 AUG-4 PM 3:17

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

TARA ROTI SHOP INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TARA ROTI SHOP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8916 N. NEBRASKA AVE, TAMPA, FL-33604

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TARA MARAJ

8916 N. NEBRASKA AVE, TAMPA, FL-33604

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CLERK OF STATE
CORPORATION

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TARA MARAJ	8916 N. NEBRASKA AVE, TAMPA, FL-33604
SHYMA MARAJ	"
MELVIN JACKSON	"

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of July, 1997.

Tara Maraj
Signature

Shyma Maraj
Signature

Melvin Jackson
Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TARA ROTT SHOP INC

2. The name and address of the registered agent and office is:

TARA MARAJ

(Name)

8916 N. NEBRAKA AVE

(P.O. Box ~~not~~ acceptable)

TAMPA, FL-33604

(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG -4 PM 3:17

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tara Maraj

(Signature)